



## Linking Quality to Life

Quality Assurance/Quality Improvement for  
the Waiver Provider

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## Your QUESTIONS answered!

- ❖ Who determines what quality is?
- ❖ Why is it important to us?
- ❖ Whose responsibility is it?
- ❖ What do I have to do?
- ❖ When do I have to do it?
- ❖ How will I know if the strategies work?

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## What is Quality?



- Did the **right** people
- Get the **right** services and supports
- **When** they needed them
- **Where** they wanted them
- **When** they wanted them
- **From** whom they wanted them  
and

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## OUTCOMES

Did the services and supports result in the  
well being of the person who received  
them?



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## Who determines what Quality is?



- Quality is defined primarily by your customer: Waiver Participants
- Quality is also defined by BCSS through Standards for Participation
- Quality is defined by your Governing Boards through your agency's Mission and Vision Statements

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## In a nut shell!



Quality is the connection  
between your service delivery  
program and individual  
outcomes for the waiver  
participant.

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## Why it's important to us!



- Measures progress in performing our Mission
- Measures our progress toward our Vision
- Measures how well we serve our customers
- Helps us improve our agency's performance
- It's how we decide our future
- BCSS requires a QA/QI program

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## What you have to do! When you have to do it!



- I. Submit a QA/QI Plan to the BCSS Quality Assurance/Quality Enhancement Program Manager for approval within 60 days of completing this training.

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- II. Submit revisions to your approved QA/QI Plan to the BCSS QA/QE Program Manager for review and approval.

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- III. Submit (for approval) an Agency Self-Evaluation to the BCSS Quality Assurance/Quality Enhancement Program Manager each year following the approval of your Initial QA/QI Plan

It's how to know that the strategies work!



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## Mission Statement

Answers the Questions:



1. What functions does the agency perform?
2. For whom does the agency perform these functions?
3. How does the agency go about fulfilling these functions?
4. Why does the agency exist?

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## Example of a Mission Statement

The MISSION of the Bureau of Community Supports and Services is to ensure that resources dedicated by the Louisiana Legislature for community-based services are effectively and efficiently delivered and received by eligible recipients.

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## Mission Statement Exercise



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## Vision Statement



Vision must be a positive and inspiring statement which gives the staff a clear sense that the vision is worth the effort

- ✓ Promotes a sense of **Pride and Purpose**
- ✓ Promotes a sense of **Team Work**

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## Example of a Vision Statement



The BCSS Quality Assurance/Quality Enhancement Program will deliver a well developed and well managed Quality Assurance/Quality Enhancement support system with the goal of waiver recipients benefiting from well designed and well executed community supports and services.

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What is the image projected in the example?



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## Write a Vision Statement

Remember to make it  
Visionary!

Pride, Motivation, Purpose  
Teamwork

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## Vision and Mission Statements



- Serve as the basis for all services and functions
- Should be meaningful to entire staff
- Should provide focus for all subsequent quality efforts
- Is the underlying value and principles of the agency

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Using the Mission Statement and the Vision to determine your goals and objectives!

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## Goals and Objectives of the Program



Goal: The desired outcome

Objectives: What must be accomplished in order to achieve a goal

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## Examples:



Goal: Participant's rights are respected and their sense of self worth is intact

Objectives:

1. Participants vote, if they desire.
2. Participant's report they are feel respected by their direct support staff.

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## Goals/Objectives Exercise

Write two goals and objectives for your agency.

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## Who are the players in the QA/QI Program?



### Governing Body:

1. Approves overall QA/QI Plan
2. Routinely receives reports regarding QA/QI findings and interventions
3. Takes action when indicated
4. Annually evaluates the QA/QI Program for effectiveness

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WHY?

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### The QA/QI Committee



- ❖ Coordinates, oversees and manages QA/QI Program activities
- ❖ Conducts an annual evaluation of the program
- ❖ Provides feedback concerning the success with established program to Governing Body

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- ❖ Establishes and maintains a repository of data for Quality reports and related activities
- ❖ Assists with the establishment and evaluation of quality indicators
- ❖ Problem solves for outliers and makes recommendations to administration and Governing Body



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### QA/QI Coordinator



- Manages the data collection and analysis
- Facilitates the program activities and the QA/QI Committee meetings
- Implements the activities as directed by the QA/QI Committee
- Compose reports to the QA/QI Committee relative to QA/QI findings
- Compose reports to Governing Body as directed by Administration or QA/QI Committee

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### Scope of the QA/QI Program



- Includes the entire range of care provided by the agency \* Aspects of Care
- Includes the recipient populations served
- Includes locations where the care or services are provided
- Includes times of the services
- Includes the professionals and specialists providing the services

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### Aspects of Care

- Relates to clinical and non-clinical activities most important to the Health and Safety of recipients
- Aspects of Care entail a high degree of risk for recipients
- Involve a high volume of recipients or
- Tend to produce problems for staff and recipients
- Activities deemed most important for monitoring and evaluation



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### Aspects of Care usually involve:

- Accessibility of Care (Supports)
- Appropriateness of Care
- Continuity of Care
- Effectiveness of Care
- Efficiency of Care
- Timeliness of Care



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## More Aspects of Care



- Safety of the individual receiving the Care (includes environment)
- Person-centered outcomes (Recipient's Perspective)

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## Domains/Aspects of Care, Domains/Focus Areas (CMS)



- ✓ Choice and Control/Empowerment
- ✓ Access to Care
- ✓ Respect and Dignity
- ✓ Community Integration/inclusion
- ✓ Waiver Assurances (especially recipient's Health, Safety and Welfare)

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## Aspects of Care Handout

Identify at least two important Aspects of Care your agency may want to monitor and be able to discuss why you chose them.

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## Quality Indicator



A well defined, measurable variable relating to an important aspect of care (domain) which is monitored and evaluated over a period of time to check the process or the outcome of that care.

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## Characteristics of a good indicator:

- Objective and well defined (specific)
- Measurable
- Directs attention to potential problems or opportunities to improve care
- Usually derived from standards of care
- Relevant to the particular Aspect of Care
- Provides unduplicated and valuable information

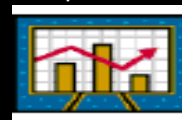


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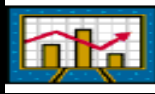
## Threshold

An established level OR a point in the cumulative data that will trigger an intensive evaluation


- Set by the agency
- Considered the performance standard



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When reached, thresholds are the triggering mechanism which initiates evaluation to determine whether actual problems exist or an opportunity to improve care exists.

 Findings outside the thresholds are called Outliers

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Thresholds can be written in the positive or negative:

Example for positive:

95% of recipients will have a Service plan developed within ten days of Receipt of the CPOC ( $\geq 95\%$ )

Example for Negative:

No more than 5% of recipients will have a service plan developed later than ten days after receipt of the CPOC ( $\leq 5\%$ )



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A Threshold of 0% or 100 % would be appropriate for those indicators which pertain to a serious or unusual outcome or event, or an element of structure or process that would give rise to significant problems if not fulfilled.

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## Data Collection Questions:

Collection Method

Who will collect data: staff member

Sources of data

When will the data be collected and reported



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## Data Collection Methods



100 % review of the data sources

OR

Random sampling of ? % of the data

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## Sources of Data

Examples:

Recipient Records

Incident Reports

Complaints

Customer Satisfaction Surveys

Routine reports

Documented observations



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## Who Collects the Data ?

Your plan must indicate who is responsible for collecting the data

### Examples:

QA/QI Coordinator  
QA/QI Staff  
Supervisors  
Other designated staff



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## Frequency of Data Collection



The **more important** the Aspect of Care, the more often you evaluate the data!

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## Frequency



Frequency of data review depends on these Questions:

1. How serious is the consequences if care fails to occur?
2. How often does the care activities occur?
3. What has been the experience with this activity, has it been problem free or is this Aspect of Care a problem area?

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## Data Analysis



May consists of raw numbers or may be converted to percentages

Note: The threshold and the way data are analyzed must be consistent

Example: If the threshold is written as a percentage then data must be tabulated as percentage

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The process for comparing cumulative data with your threshold is simply comparing the established thresholds with what the data are showing. Then using the comparison to make decisions.



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## Comparing Cumulative Data to Threshold



As data are tabulated, the cumulative data for each Indicator should be continuously or periodically compared with their corresponding threshold.

✦ The comparison is used to determine if further evaluation is necessary.

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## The Math!



For the Indicator: % of cases having progress notes for every service delivered:  
Threshold:  $\geq 75\%$  (means equal to or more than 75% will have the progress notes as required)  
Example: 20 cases reviewed and five had progress notes for every service delivered.  
 $5/20 = 5$  divided by  $20 = 0.25 \times 100 = 25\%$   
Interpreted as 25% of the cases reviewed had progress notes for every service delivered.

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## Outlier Noted!!!!!!!!!!

25% is Less than the threshold of  $\geq 75\%$

What happens now??? This is where the problem solving is needed so the next time you evaluate this indicator, there will be improvement and you will meet your threshold.



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DATA → INFORMATION  
DECISION MAKING

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## Plan Format:

Aspect of Care

Goal:

Objective:

Indicator

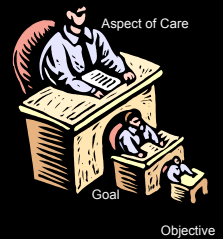
Threshold

Data Source

Data Collection Method

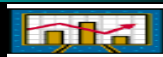
Appropriateness of Sample

Frequency of Data Collection



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## Example



Indicator: The percentage of Service Plans updated for CPOC Revisions within five (5) calendar days of receiving the approved CPOC

Threshold: 100%

Data Source: Recipient Records

Data Collection Method: 100 % of recipients

Appropriateness of Sample: N/A

Frequency of Data Collection: Quarterly by Calendar Year

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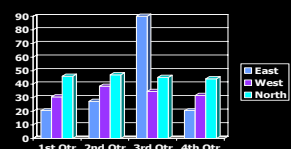
## Reporting the Cumulative Data

Report tools, as desired by the Committee

Graphs

Narratives

\* Tables



\* Most common way used to look a data over time

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### Mandatory Requirements by BCSS

1. Submission of a QA/QI Plan for approval each year
2. Annual Self-evaluation to be submitted to BCSS
3. Citations of deficient practices by BCSS must be reflected in the QA/QI Plan for system correction and tracking



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4. Must include a process for obtaining input from the recipient or family
5. Result in the development of benchmarks over time
6. QA/QI Program findings must be reported to the program director for action as necessary to correct identified problems

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### Technical Assistance is Available

Contact the BCSS Quality Assurance/Quality Enhancement Program Manager at 225-0207 or call the BCSS Help Line and ask for the QA/QE Program Manager.



You and me working together

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Fat Lady Singing

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## **COMPONENTS OF A QUALITY IMPROVEMENT PLAN**

- I. Organization Vision
- II. Organization Mission
- III. Organizational Chart
- IV. Goals of the Quality Improvement Program
- V. Objectives of the Quality Improvement Program
- VI. Role of the Governing Body in Relation to the Quality Improvement Program
- VII. Composition of the Quality Improvement Committee/Staff
- VIII. Role of the Quality Improvement Committee/Staff
- IX. Scope of the Quality Improvement Program
- X. Important/Critical Aspects of Care
  - A. Indicators
    - 1) Thresholds
    - 2) Data Sources
    - 3) Data Collection Method
    - 4) Appropriateness of Sampling
    - 5) Frequency of Data Collection
- XI. Monitoring and Evaluation Procedures
- XII. Focused Quality of Care Studies
- XIII. Complaints/Grievances Policies and Procedures
- XIV. Satisfaction Surveys
- XV. Recipients Rights and Responsibilities
- XVI. Remedial Action Plan
- XVII. Annual Evaluation of Quality Improvement Plan

## Steps for QA/QI Program Development

Steps	Explanation of the step
<p>Step One</p> <p>Identify the <b>Aspects of Care</b> you want to evaluate/monitor.</p>	<p>Aspect of Care: What is most important to quality of services/support? What are the important processes? What processes involve high risk or is prone to problems?</p>
<p>Step Two</p> <p>Identify the quality Indicators to be used to evaluate the Aspect of Care.</p>	<p>Try using the words, “as evidenced by” related to Aspect of Care: For example:  <b>Aspect of Care</b>: Timely development of the Service Plan. <b>“as evidenced by”</b>  <b>Indicator</b>: Service Plan developed with seven <i>calendar</i> days of CPOC meeting.</p>
<p>Step Three</p> <p>Develop clear and unambiguous definitions of the quality indicators.</p>	<p>Specifies recipient care activities which related to the Aspect of Care. Keep the focus narrow. Can you measure it? (Can you assign a number to it?) The more observable or measurable the questions are, the easier to monitor.</p>
<p>Step Four</p> <p>Determine <b>Thresh-holds</b> for the <b>Indicators</b>.</p>	<p>A Thresh-hold is the level or point in the data that will trigger an intensive investigation. When a thresh-hold is reached or passed, the investigation is done to determine whether an actual problem or an opportunity to improve exists.</p>
<p>Step Five</p> <p>Determine if the thresh-hold will be stated in the positive or the negative.</p>	<p>Example: A thresh-hold <math>\leq 5\%</math> means that no more than 5% of the data will show a certain (negative) response OR a threshold of 95% means that at least 95% will be a certain (positive) response.</p>
<p>Step Six</p> <p>Determine where you can get the information on the indicator: Data Collection Source and how often you will review the data.</p>	<p>Data Sources may be collected through observation of an activity, interviews or review of documents or records.</p>
<p>Step Seven</p> <p>Determine the amount and type of sampling.</p>	<p>Are you going to look at all the data or 100% or will you select a certain number to review? For example: A random sample of 20% of the records for timeliness of Service Plan. Random would mean that you select every <b>nth</b> (n= whatever number you select) until you have the 20% of all the records.</p>

**Bureau of Community Supports and Services**  
**Quality Assurance/Quality Enhancement Program**  
**Self-Evaluation Components**

**Required components of the Self Evaluations**

**1. Administrative and Policy Review**

- organization chart
- governing body members/minutes
- Policy and Procedure Manual
- personnel records and staffing issues
- Payroll and time sheets
- Training
- Agency's financial status
- management information system
- Resource Manual/Directory of existing Formal and Informal Services

**2. Quality Improvement Plan**

- Aspects of care, indicators reviewed during the period
- any changes in indicators/thresh holds, etc
- findings and corrections as a result of findings
- any new improvement strategies to be implemented

**3. Recipient's Personal Outcomes (representative sample)**

- Degree or percentage to which outcomes are being met
- Identified barriers to accomplishing outcomes
- how may findings be improved/corrective actions/target dates

**4. Recipient Satisfaction**

- survey tool used
- method of data collection
- who collected data
- overall findings
- negative findings addressed in QIP

**5. Case Record Review**

- Contents include list from CMM, Section 8, Record Keeping
- Intake Requirements
- Ongoing Assessment
- CPOC
- Building/Implementing Supports
- Monitoring Support
- Transition/Closure
- Procedures for changing providers
- Time lines Met? Documents missing? Filing current?

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**Bureau of Community Supports and Services  
Case Management Self Evaluations for 2003**

<b>Agency</b>	<b>Date Received</b>	<b>All components present ( Ö )</b>	<b>Request for correction or additional info. (Date)</b>
<b>Cadence of Acadiana, Reg. 2</b>			
<b>Cadence of Acadiana, Reg. 3</b>			
<b>Cadence of Acadiana, Reg. 4</b>			
<b>Cadence of Acadiana, Reg 5</b>			
<b>Caldwell Council on Aging,</b>			
<b>Children's Hospital</b>			
<b>Community Resource Coord.</b>			
<b>Directions of Louisiana</b>			
<b>Easter Seals, Reg. 1</b>			
<b>Easter Seals, Reg. 3</b>			
<b>Easter Seals, Reg. 6</b>			
<b>Easter Seals, Reg. 7</b>			
<b>Easter Seals, Reg. 9</b>			
<b>Northeast(G., Reg. 8</b>			
<b>M. R. &amp; G, Reg 4</b>			
<b>M. R. &amp; G, Reg 5</b>			
<b>People Unlimited</b>			
<b>QISC, Reg. 1</b>			
<b>QISC, Reg. 3</b>			
<b>QISC, Reg. 7</b>			
<b>QISC, Reg. 9</b>			

**Bureau of Community Supports and Services  
Case Management Self Evaluations for 2003**

<b>Raintree, Reg. 1</b>			
<b>Raintree, Reg. 9</b>			
<b>VOA, Reg. 2</b>			
<b>VOA, Reg. 4</b>	<b>9-9-03</b>	<b>0</b>	<b>none</b>
<b>Agency</b>	<b>Date Received</b>	<b>All components present (0)</b>	<b>Request for correction or additional info. (Date)</b>
<b>OCDD, Reg. 3</b>			
<b>OCDD Reg. 9</b>			

**Summary:**